MAR 2 3 2007 Profile

UNITED STATES
RECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering (check if this Offering of 60 LLC Units @ \$2		-	and indicate char	nge.)			
Filing Under (Check box(es) that app	oly); 🔲 Rule 504	☐ Rule 505		☐ Section 4(6)	☐ ULOE		
Type of filing: New filing	☐ Amendment			PRO	CESCED_		
	A. BASI	C INDENTIFICA	TION DATA				
1. Enter the information requested ar	mount the issuer	·-		E MAR	2 9 2007		
Name of Issuer (check if this is a Ballard Landmark Inn, LLC	n amendment and nam	ne has changed, and	I indicate change.) THO	DMSON:		
Address of Executive Offices (Number and Street, City, State, Zip Code) 2001 Western Avenue, Suite 330, Seattle, Washington 98121 Telephone Number (Including Area Code) 206 – 728 – 1130							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) As above. Telephone Number (Including Area Code) As above. As above.							
Brief Description of Business Designs, constructs, operates, h Avenue NE, Seattle, Washingto		it, leases and sel	ls real property	y and improvements	at 5433 Leary		
Type of Business Organization corporation	☐ limited partnershi	ip, already formed	dther (pl	ease specify): Limited I	Liability Company		
☐ business trust	☐ limited partnershi	ip, to be formed					
Actual or Estimated Date of Incorpor Jurisdiction of Incorporation or Orga	mization: (Enter two-le			for State:	Estimated A		

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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# A. BASIC INDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director or corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director □ General and/or Managing Partner Full Name (Last name first, if individual) Teutsch Ballard, LLC (Teutsch, John - Managing Member) Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Western Avenue, Suite 330, Seattle, Washington 98121 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director □ General and/or Managing Partner Full Name (Last name first, if individual) R.M. Watson Ballard, LLC (Watson, Robert - Managing Member) Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Western Avenue, Suite 330, Seattle, Washington 98121 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director □ General and/or Managing Partner Full Name (Last name first, if individual) Grundstein, Leon Business or Residence Address (Number and Street, City, State, Zip Code) 216 First Avenue South, Suite 340, Seattle, Washington 98104 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|            |              |                                          |                                            |                                          | B. I.                                     | NFORMAT                                  | TON ABO                                    | UT OFFE                                     | RING                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |              |              |
|------------|--------------|------------------------------------------|--------------------------------------------|------------------------------------------|-------------------------------------------|------------------------------------------|--------------------------------------------|---------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------|--------------|
| ì.         | Has th       | he issuer se                             | old, or doe                                |                                          |                                           | ell, to non- <b>d</b><br>Appendix, C     |                                            |                                             | this offering<br>er ULOE.                                  | g?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | Yes          | No           |
| 2.         | What         | is the min                               | imum inve                                  | stment that                              | will be acc                               | epted from                               | any individ                                | lual?                                       |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | \$ _50,000   | .00          |
| 2          | Dogr         | the officin                              | a parmit i                                 | nint owners                              | hin of a cin                              | ale unit?                                |                                            |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Yes<br>⊠     | No           |
| 3.<br>4.   |              |                                          |                                            |                                          |                                           | -                                        |                                            |                                             | iven, directi                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |              |              |
| <b>7</b> . | commoffering | nission or<br>ng. If a pe<br>r with a st | similar rer<br>erson to be<br>ate or state | nuneration<br>listed is ares. list the r | for solicita<br>associated<br>name of the | tion of pure<br>I person or<br>broker or | chasers in c<br>agent of a<br>dealer. If n | connections<br>broker or one<br>nore than f | with sales<br>dealer regis<br>ive (5) pers<br>r that broke | of securition of securition of securities the securities of the securities of securiti | es in the<br>the SEC<br>isted are |              |              |
| Fuli       | Name         | (Last name                               | e first, if ir                             | ndividual)                               |                                           |                                          |                                            |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |              |              |
| Busi       | ness or      | r Residenc                               | e Address                                  | (Number ar                               | nd Street, C                              | ity, State, Z                            | ip Code)                                   |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |              |              |
| Nam        | ne of A      | ssociated I                              | Broker or I                                | Dealer                                   |                                           |                                          |                                            |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |              |              |
|            |              |                                          |                                            | las Solicited<br>k individual            |                                           |                                          |                                            |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | ☐ All Sta    | tes          |
| [A         | L]           | [AK]                                     | [AZ]                                       | [AR]                                     | [CA]                                      | [CO]                                     | [CT]                                       | [DE]                                        | [DC]                                                       | [FL]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [GA]                              | [HI]         | [ID]         |
| [1]        | -            | [IN]                                     | [IA]                                       | [KS]                                     | [KY]                                      | [LA]                                     | [ME]                                       | [MD]                                        | [MA]                                                       | [MI]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [MN]                              | [MS]         | [MO]         |
| [M]        | -            | [NE]<br>[SC]                             | [NV]<br>[SD]                               | (NH)<br>(TN)                             | [NJ]<br>[TX]                              | [NM]<br>[UT]                             | [NY]<br>[VT]                               | [NC]<br>[VA]                                | [ND]<br>[WA]                                               | [OH]<br>[WV]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | [OK]<br>[WI]                      | [OR]<br>[WY] | [PA]<br>[PR] |
| Full       | Name         | (Last nam                                | e first, if ir                             | ıdividual)                               |                                           |                                          |                                            |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |              |              |
| Busi       | ness or      | r Residenc                               | e Address                                  | (Number ar                               | nd Street, C                              | ity, State, Z                            | ip Code)                                   |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |              |              |
| Nan        | ne of A      | ssociated l                              | Broker or I                                | Dealer                                   |                                           |                                          |                                            |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |              |              |
|            |              |                                          |                                            | las Solicited<br>k individual            |                                           |                                          |                                            |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *******                           | ☐ All Stat   | es           |
| [A]        | L)           | [AK]                                     | [AZ]                                       | [AR]                                     | [CA]                                      | [CO]                                     | [CT]                                       | (DE)                                        | [DC]                                                       | [FL]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [GA]                              | [HI]         | [ID]         |
| [1]        |              | [IN]                                     | [IA]                                       | [KS]                                     | [KY]                                      | [LA]                                     | [ME]                                       | [MD]                                        | [MA]                                                       | [MI]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [MN]                              | [MS]         | [MO]         |
| (M<br>[R   | -            | [NE]<br>[SC]                             | [NV]<br>[SD]                               | [NH]<br>[TN]                             | [NJ]<br>[TX]                              | [NM]<br>{UT]                             | [NY]<br>[VT]                               | [NC]<br>[VA]                                | [ND]<br>[WA]                                               | [OH]<br>[WV]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | [OK]<br>[WI]                      | [OR]<br>[WY] | [PA]<br>[PR] |
| Full       | name (       |                                          | e first, if in                             | dividual)                                | • •                                       |                                          |                                            |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |              |              |
| Busi       | iness or     | r Residenc                               | e Address                                  | (Number ar                               | nd Street, C                              | ity, State, Z                            | ip Code)                                   |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |              |              |
| Nam        | ie of A      | ssociated I                              | Broker or I                                | Dealer                                   |                                           |                                          |                                            |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |              |              |
|            |              |                                          |                                            | las Solicited<br>k individual            |                                           |                                          |                                            |                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | ☐ All Stat   | es           |
| [A         | L]           | [AK]                                     | [AZ]                                       | [AR]                                     | [CA]                                      | [CO]                                     | [CT]                                       | [DE]                                        | [DC]                                                       | [FL]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [GA]                              | [HI]         | [ID]         |
| [11]       |              | [IN]                                     | [lA]                                       | [KS]                                     | [KY]                                      | [LA]                                     | [ME]                                       | [MD]                                        | [MA]                                                       | [MI]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [MN]                              | [MS]         | [MO]         |
| [M         |              | [NE]                                     | [NV]                                       | (NH)<br>[TN]                             | [NJ]<br>[TX]                              | [NM]                                     | [NY]<br>[VT]                               | [NC]<br>[VA]                                | [ND]                                                       | [OH]<br>[WV]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | [OK]<br>[WI]                      | [OR]<br>[WY] | [PA]<br>[PR] |
| [R         | •1           | [SC]                                     | [SD]                                       |                                          |                                           | (UT)                                     | • •                                        |                                             | [WA]<br>his sheet, as                                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | [ ** 1 ]     | [r KJ        |

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount alresold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, classic box and indicate in the columns below the amounts of the securities offered for exchange                                                                       | heck  |                                       |     |                               |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------|-----|-------------------------------|
|    | already exchanged.                                                                                                                                                                                                                                                                                                                                                        |       | Aggregate<br>Offering Price           |     | Amount Already<br>Sold        |
|    | Type of security                                                                                                                                                                                                                                                                                                                                                          |       | Offering Trice                        |     | 3014                          |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                      | \$    |                                       | \$  |                               |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                    | \$    |                                       | \$  | •                             |
|    | ☐ Common ☐ Preferred                                                                                                                                                                                                                                                                                                                                                      | ٠.    |                                       | . • |                               |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                               | \$    |                                       | \$  |                               |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                     | \$    |                                       | \$  |                               |
|    | Other (Specify LLC Units )                                                                                                                                                                                                                                                                                                                                                | \$    | 12,000,000.00                         | \$  | 9,650,000.00                  |
|    | Total                                                                                                                                                                                                                                                                                                                                                                     | \$    | 12,000,000.00                         | \$  | 9,650,000.00                  |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                  | -     |                                       |     |                               |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indit the number of persons who have purchased securities and the aggregate dollar amount of purchases on the total lines. Enter "0" if answer is "none" or "zero."              | icate |                                       |     | Aggregate                     |
|    |                                                                                                                                                                                                                                                                                                                                                                           |       | Number<br>Investors                   |     | Dollar Amount<br>of Purchases |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                      | ,     | 53                                    | \$  | 9,650,000.00                  |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                  | ,     | 0                                     | \$  | 0.00                          |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                   |       | 0                                     | \$  | 0.00                          |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                  | -     | · · · · · · · · · · · · · · · · · · · |     |                               |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) mo prior to the first sale of securities in this offering. Classify securities by type listed in Part Question 1.                                                            | nths  |                                       |     |                               |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                          |       | Type of<br>Security                   |     | Dollar Amount<br>Sold         |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                  |       |                                       | \$  |                               |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                              |       |                                       | \$  |                               |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                  |       |                                       | \$  |                               |
|    | Total                                                                                                                                                                                                                                                                                                                                                                     |       |                                       | \$  | 0.00                          |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the iss. The information may be given as subject to future contingencies. If the amount of an expenditu not known, furnish an estimate and check the box to the left of the estimate. | suer. |                                       |     |                               |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                     |       |                                       | \$  |                               |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                              |       | <b>⊠</b>                              | \$  | 12,750.00                     |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                |       | <b>5</b> 7                            | \$  | 8,000.00                      |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                           |       |                                       | \$  | 2,500.00                      |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                          |       |                                       | \$  |                               |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                      |       |                                       | \$  |                               |
|    | Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                 |       |                                       | \$  |                               |
|    | Total                                                                                                                                                                                                                                                                                                                                                                     |       | 1571                                  | \$  | 23,250.00                     |

# C, OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|       | b. Enter the difference between the aggregate offering price given in response to Part and total expenses furnished in response to Part C – Question 4.a. This difference is the proceeds to the issuer."                                                                                                                                       | adjusted gr  | oss                                                    | 9,626,750.00           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------|------------------------|
| 5.    | Indicate below the amount of the adjusted gross proceeds to the issuer used or propose each of the purposes shown. If the amount for any purpose is not known, furnish check the box to the left of the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C – Question 4.b. above. | an estimate  | and                                                    |                        |
|       |                                                                                                                                                                                                                                                                                                                                                 |              | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payment to<br>Others   |
|       | Salaries and fees                                                                                                                                                                                                                                                                                                                               | □ \$         | 🗀 s                                                    | <b>i</b>               |
|       | Purchase of real estate                                                                                                                                                                                                                                                                                                                         |              | × s                                                    | 9,626,750.00           |
|       | Purchase, rental or leasing and installation of machinery                                                                                                                                                                                                                                                                                       | □ <b>s</b>   |                                                        |                        |
|       | and equipment  Construction or leasing of plant buildings and facilities                                                                                                                                                                                                                                                                        | \$<br>□\$    |                                                        | ·                      |
|       | Acquisition of other businesses (including the value of securities involved in this                                                                                                                                                                                                                                                             | □ • _        |                                                        | •                      |
|       | offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)                                                                                                                                                                                                                                      | Пε           | 🗆 S                                                    | ·                      |
|       | Repayment of indebtedness                                                                                                                                                                                                                                                                                                                       |              | 🗆 :                                                    |                        |
|       | Working capital                                                                                                                                                                                                                                                                                                                                 |              |                                                        |                        |
|       | Other (specify):                                                                                                                                                                                                                                                                                                                                |              |                                                        |                        |
|       |                                                                                                                                                                                                                                                                                                                                                 |              |                                                        |                        |
|       |                                                                                                                                                                                                                                                                                                                                                 | <b>\$</b>    | 🗆 \$                                                   |                        |
|       | Column Totals                                                                                                                                                                                                                                                                                                                                   | □\$_         | 🗆 🗆                                                    | ;                      |
|       | Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                     |              | <b>⊠\$</b> <u>9.626,750.00</u>                         |                        |
|       | D. FEDERAL SIGNATU                                                                                                                                                                                                                                                                                                                              | JRE          |                                                        |                        |
| follo | issuer has duly caused this notice to be signed by the undersigned duly au owing signature constitutes an undertaking by the issuer to furnish the U.S. Se aff, the information furnished by the issuer to any non-accredited investor pur                                                                                                      | curities and | Exchange Commission, u                                 | pon written request of |
|       | er (Print or Type)  lard Landmark Inn, LLC                                                                                                                                                                                                                                                                                                      | V            | Date 3.15.0                                            | 57                     |
|       | ne of Signer (Print or Type) Title of Signer (Print or Type) Managing Member, on beha                                                                                                                                                                                                                                                           | lf of Teut   | sch Ballard, LLC                                       |                        |

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

## E. STATE SIGNATURE Is any party described in 17 CFR 230.262 presently subject to any of the disqualification 1. Yes No Provisions of such rule? $\boxtimes$ See Appendix, Column 5, for state response. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on 2. Form D (17 CFR 239.500) at such times as required by state law. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature Date Ballard Landmark Inn, LLC 3.15.07 Name (Print or Type) Title (Print or Type)

Managing Member, on behalf of Teutsch Ballard, LLC

### Instruction;

John Teutsch

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                                |                                                   |                                                                                  | APPEN                                | DIX                   |                                              |        |                                      |                                                                     |
|-------|--------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------|-----------------------|----------------------------------------------|--------|--------------------------------------|---------------------------------------------------------------------|
| 1     | Intend<br>to non-a<br>investor | 1 to sell<br>ccredited<br>s in State<br>- Item 1) | Type of security and aggregate offering price offered in state (Part C – Item 1) |                                      | amount pur            | investor and chased in State 2 – Item 2)     |        | under S<br>(if ye<br>expla<br>waiver | 5 alification tate UI.OE s, attach nation of r granted) . – Item 1) |
| State | Yes                            | No                                                |                                                                                  | Number of<br>Accredited<br>Investors | Amount                | Number of<br>Non-<br>Accredited<br>Investors | Amount | Yes                                  | No                                                                  |
| AL    |                                | _                                                 |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| AK    |                                |                                                   |                                                                                  |                                      |                       | ,                                            |        |                                      |                                                                     |
| AZ    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| AR    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| CA    |                                | X                                                 | LLC Units /<br>\$12 million                                                      | 1                                    | \$200,000<br>thousand | None                                         | \$0    |                                      | Х                                                                   |
| СО    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| СТ    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| DE    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| DC    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| FL    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| GA    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| HI    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| ID    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| IL.   |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| IN    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| IA    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| KS    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| KY    |                                | <u> </u>                                          | <u> </u>                                                                         |                                      |                       |                                              |        |                                      |                                                                     |
| LA    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| ME    |                                |                                                   |                                                                                  |                                      | <del>-</del>          |                                              |        |                                      |                                                                     |
| MD    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| MA    | ļ                              |                                                   |                                                                                  |                                      |                       |                                              | ļ      |                                      |                                                                     |
| MI    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |
| MN    |                                |                                                   | -                                                                                | <u> </u>                             |                       |                                              |        |                                      |                                                                     |
| MS    |                                |                                                   |                                                                                  |                                      |                       |                                              |        |                                      |                                                                     |

|       |                                  |                                                  |                                                                                  | APPEN                                | DIX                                                              |                                          |        |     |    |
|-------|----------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------|------------------------------------------|--------|-----|----|
| I     | Intend<br>to non-ac<br>investors | to sell<br>coredited<br>is in State<br>- Item 1) | Type of security and aggregate offering price offered in state (Part C – Item 1) |                                      | Type of investor and amount purchased in State (Part C – Item 2) |                                          |        |     |    |
| State | Yes                              | No                                               |                                                                                  | Number of<br>Accredited<br>Investors | Amount                                                           | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No |
| МО    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| MT    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| NE    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| NV    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| NH    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| NJ    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| NM    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| NY    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| NC    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| ND    | 1                                |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| ОН    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| ОК    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        | 1   |    |
| OR    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| PA    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| RI    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| SC    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| TN    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| UT    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| VT    |                                  |                                                  |                                                                                  |                                      |                                                                  |                                          |        |     |    |
| VA    |                                  |                                                  |                                                                                  |                                      | ,                                                                |                                          |        |     |    |
| WA    |                                  | Х                                                | LLC Units /<br>\$12 million                                                      | 52                                   | \$9.450<br>million                                               | None                                     | \$0.00 |     | Х  |
| wv    |                                  |                                                  | DIZ IIIIIVII                                                                     |                                      | mmon                                                             |                                          |        |     |    |
| WI    |                                  |                                                  |                                                                                  |                                      | -                                                                |                                          |        |     |    |

|       |          |                                                 |                                                                                              | APPEN                                | DIX       |                                                    |        |                                                                                                                   |    |
|-------|----------|-------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------|-----------|----------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------|----|
| 1     |          | 2                                               | 3                                                                                            |                                      |           | 4                                                  |        |                                                                                                                   | 5  |
|       | to non-a | to sell<br>ccredited<br>s in State<br>– Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C - Item 1) | :                                    | amount pu | f investor and<br>irchased in State<br>C – Item 2) |        | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E – Item 1) |    |
| State | Yes      | No                                              |                                                                                              | Number of<br>Accredited<br>Investors | Amount    | Number of<br>Non-Accredited<br>Investors           | Amount | Yes                                                                                                               | No |
| WY    |          |                                                 |                                                                                              |                                      |           |                                                    |        |                                                                                                                   |    |
| PR    |          |                                                 |                                                                                              |                                      |           |                                                    |        |                                                                                                                   |    |

